

## PART B - FEE(S) TRANSMITTAL



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7590 02/05/2007

Fernandez & Associates, LLP  
PO Box D  
Menlo Park, CA 94026-6402

05/09/2007 HVDONG2 00000073 10765505

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FENG ELIZONDO	(Depositor's name)
73	(Signature)
5/4/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/765,505	01/26/2004	Victor Luu	SPEED-P001	2561

TITLE OF INVENTION: AUTOMATED SOURCING OF SUBSTRATE MICROFABRICATION DEFECTS USING DEFECTS SIGNATURES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	05/07/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
STEVENSON, ANDRE C	2812	438-016000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- FERNANDEZ & ASSOCIATES, LLP**
- 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **Siglaz**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Santa Clara, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
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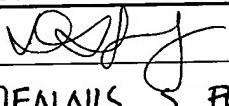
- A check is enclosed. **No. 1874**  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **500482** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Typed or printed name **DENNIS S. FERNANDEZ**

Date **5/4/07**

Registration No. **34,160**

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